

Return by September 15 to:

**Municipal Data Management/Technical Assistance Bureau
Division of Local Services
P.O. Box 9569
Boston MA 02114-9569**

COMMUNITY PRESERVATION SURCHARGE REPORT

**City/Town of _____
Fiscal Year Ended June 30, _____
Surcharge % _____**

Total Surcharge Committed to Collector for FY	\$ _____
<u>Less</u> Surcharge Abatements/Exemptions	_____
Net Surcharge Raised for FY	\$ _____

Completed by:

_____	_____
	Date
_____	_____
	Date
_____	_____
	Date

Board of Assessors

_____	_____
Accounting Officer	Date